GUIDELINE FOR THE USE OF LAXATIVES IN THE MANAGEMENT OF CONSTIPATION IN ADULTS

Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

The following areas of constipation are **NOT** covered by this guideline:

- Constipation in Palliative Care
- Constipation in Irritable Bowel Syndrome (IBS) (*see NICE guidance*)
- Constipation in Children
- Bowel Cleansing Preparations
- Neurogenic bowel dysfunction

Patient presenting with symptoms of constipation

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Confirm constipation and identify cause

→ **Red Flag Symptoms**
- **Persistent unexplained change in bowel habits**
- **Persistent rectal bleeding without anal symptoms**
- **Unexplained weight loss, iron deficiency Anaemia, fever or nocturnal symptoms**
- **Family history of bowel cancer or inflammatory bowel disease**
- **Severe, persistent constipation unresponsive to treatment**
- **Palpable mass in the lower right abdomen or pelvis**
- **Narrowing of stool calibre**
- **Positive faecal occult blood test**
- **New onset in elderly patient**
- **Persistent vomiting**

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Manage underlying secondary cause *(reduce or stop any causative or contributing drug treatments if possible and appropriate to do so- see page 3)*

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1ST LINE: PROVIDE LIFESTYLE AND DIETARY ADVICE ***(see next page)***
If fails, proceed to pharmacological management

ACUTE (short-duration) constipation and PREGNANCY *(see self-care section):*

1ST LINE:
BULK-FORMING LAXATIVE e.g. – Fybogel which can be purchased OTC for self-care (Ispaghula Husk sachets (Fybogel) recommended in pregnancy)

2ND LINE (*1st line in elderly*):
If stools remain hard - add or switch to an **OSMOTIC LAXATIVE e.g. lactulose, can be purchased OTC** (lactulose recommended in pregnancy)

3RD LINE:
If stools are soft but difficult to pass/sensation of inadequate emptying – **add a STIMULANT LAXATIVE e.g. – senna, can be purchased OTC** (short course of senna recommended in pregnancy with a glycerol suppository if inadequate response)

CHRONIC constipation:

1ST LINE:
Bulk-forming laxative e.g. - Fybogel

2ND LINE (*1st line in elderly*):
If stools remain hard - add or switch to an **OSMOTIC LAXATIVE e.g. lactulose/macrogol**

If stools are soft but difficult to pass/sensation of inadequate emptying – **add a STIMULANT LAXATIVE e.g. senna/sodium docusate**

3RD LINE:
Consider **prucalopride** *(see page two)*

OPIOID-INDUCED constipation:

Do **NOT** prescribe bulk forming laxative

1ST LINE:
OSMOTIC LAXATIVE AND A STIMULANT LAXATIVE e.g. lactulose and senna

2nd LINE:
DOCUSATE if not tried 1st line *(also has stool-softening properties)*

3rd LINE: **Naldemedine** or **Naloxegol** – consider if inadequate response to laxatives

FAECAL IMPACTION/LOADING:

1ST LINE:
Hard Stool – **MACROGOL sachets** (as per BNF dosing)

Soft stools/ongoing hard stools – start/add a **STIMULANT LAXATIVE**

2ND LINE: If oral response inadequate – add **SUPPOSITORY** OR **MINI ENEMA**

3RD LINE: If response still inadequate – add a **RETENTION ENEMA**

**** REFER TO BNSSG FORMULARY FOR CHOICE OF LAXATIVE WITHIN CHOSEN CLASS (LINK). START WITH FIRST LINE LAXATIVE CHOICE (UNLESS CONTRA-INDICATED). ****

REVIEWING LAXATIVE USE:

- Arrange regular follow-up depending on clinical judgement
- Oral laxatives – should not be stopped abruptly, but should be weaned
- Reduce dose gradually e.g. after 2-4 weeks when regular bowel movements are comfortable with soft formed stools
- Laxatives may need to be continued long term if medical condition/medication which cannot be stopped is causing secondary constipation
- Opioid-induced constipation: reduce and stop laxatives once producing soft, formed stools without straining at least three times per week

NOTE:
Start with 1st LINE laxative class *(unless contra-indicated)*
Colours on BNSSG formulary:
Green = first line in class
Blue = second line in class
Amber = Specialist input needed

Written by: Specialist Pharmacist, North Bristol NHS Trust Approved by: BNSSG APMOC April 2023, Review Date: April 2026.

ADDITIONAL PRESCRIBING INFORMATION

Local implementation of guideline:

- If diet and lifestyle advice (1st line management) has failed to relieve constipation or there is an immediate clinical need for a laxative, review the patient and prescribe based on the laxative choices above. Laxatives should be reviewed regularly in the management of constipation.
- Refer to the British National Formulary (BNF) for dosing information, cautions and contraindications and interactions.
- Prescribers choice of laxative from each class should be based on both formulary preference (green = first line choice, blue = second line choice) and individual patient factors, taking into consideration co-morbidities, allergies and formulation preference.
- NOTE: Long-term use of stimulant laxatives is not advised - potential for damaging the large bowel and the loss of muscle tone in the colon.

Other drugs used in constipation/NICE Guidance:

Prucalopride - for chronic constipation according to NICE Guidance TA 211 - consider prucalopride if at least two laxatives from different classes have been tried and failed at highest tolerated dose for at least 6 months. Efficacy to be reviewed at 4 weeks, and discontinued if found to be ineffective.
Naldemedine (peripheral opioid receptor antagonist) – as per NICE TA 651. For opioid-induced constipation with inadequate response to usual laxative therapy.
Naloxegol (peripheral opioid receptor antagonist) - as per NICE TA 345. For opioid-induced constipation with inadequate response to usual laxative therapy.
Lecicarbon A suppositories – 3rd line option for chronic constipation, added if other laxatives have proved ineffective.
IBS: see NICE Clinical Guideline CG61. Linaclotide - Third-line for IBS-Constipation in patients who have failed on a combination of laxatives and antispasmodics (first-line) and antidepressants (second-line). Review treatment at 4 weeks and discontinue if ineffective / not-tolerated.
BNSSG Rectal and transanal irrigation guidelines - used in the management of chronic constipation and/or chronic faecal incontinence due to neurogenic bowel

SELF CARE INFORMATION

LIFESTYLE/DIETARY ADVICE is first line management *(BNSSG 'How to keep your gut healthy' patient information leaflet)*

- Eat a healthy balanced diet and have regular meals
  - Diet should contain whole grains, fruits (and their juices) high in sorbitol, vegetables
  - Gradually increase fibre intake (to minimize flatulence/bloating) – aim 30g fibre/day
- Drink adequate fluid intake
- Increase activity and exercise levels (if needed)
- Adequate toilet routines

OVER THE COUNTER LAXATIVES

All 1st and 2nd line formulary laxatives in the recommended classes can be purchased over the counter. If purchased (following inadequate response to lifestyle/diet changes), advise the patient to use the laxative in line with dosing recommendations, and ensure they are not used long-term without a medical review.

GLOSSARY

Acute constipation – short duration lasting less than 4 weeks

Chronic constipation - stool frequency of less than three per week that lasts several months

Opioid-induced constipation – constipation caused as a side-effect of opioid medications

Faecal impaction/loading – accumulation of putty-like or hardened stools in the rectum or sigmoid. This often occurs in patients with long-standing bowel problems and chronic constipation.

Opioid-induced constipation with inadequate response - defined as opioid-induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the preceding 2 weeks.

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Appendix: Additional information

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Average cost of laxatives for a 28-day period (based on drug tariff costs and average BNF dosing)

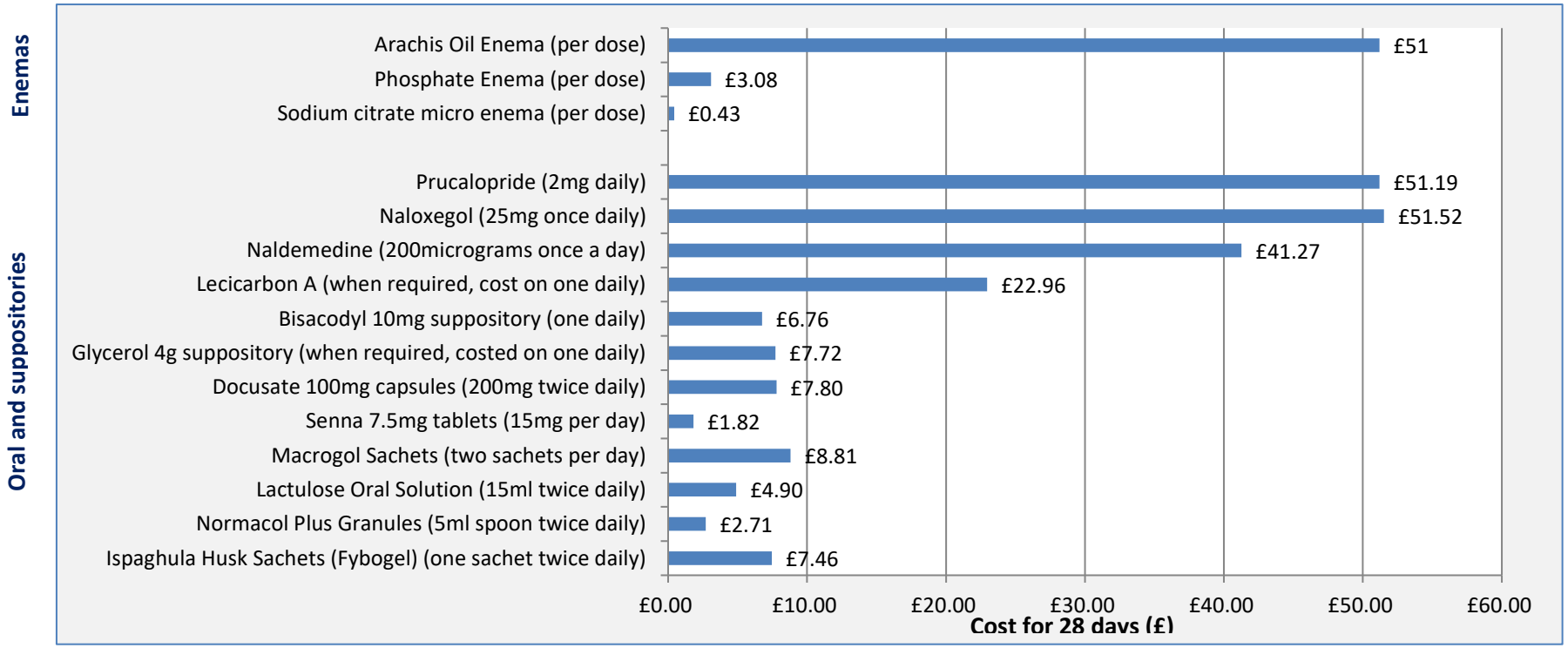

Table listing common medical conditions and common medications which may contribute to constipation *(not exhaustive)*

Conditions which may cause or contribute to constipation	Commonly prescribed drugs which may cause constipation
- Bowel obstruction - Irritable bowel syndrome - Diverticular disease - Neuromuscular disorders - Hypothyroidism - Cancer - Dehydration - Hypercalcaemia - Hospital admissions - Pregnancy - Anorexia	- Opioid analgesics - Drugs with anti-muscarinic (anticholinergic) effects - Calcium salts - Aluminium salts - Iron salts - Calcium channel blockers - $5HT_3$ antagonists e.g. ondansetron - Phenothiazines - Clozapine

REFERENCES NICE Clinical Knowledge Summary, 2017. Constipation in Adults. Available at: https://cks.nice.org.uk/constipation [Accessed: 14/5/19]

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NICE, 2015. Naloxegol for treating opioid-induced constipation Technology Appraisal Guidance [TA345]. Available at: https://www.nice.org.uk/guidance/ta345 [Accessed: 15/5/19]

NICE, 2010. Prucalopride for the treatment of chronic constipation in women Technology Appraisal Guidance [TA 211]. Available at: https://www.nice.org.uk/guidance/ta211 [Accessed: 21/5/19]

Scottish Palliative Care Guidelines, NHS Scotland, 2013. Constipation. Last updated 28/3/2019. Available at: https://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/constipation.aspx [Accessed: 22/5/19]

NHSE Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs. Last updated 28/3/19. Available at: https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf NICE, 2020.

Naldemedine for treating opioid-induced constipation [TA651]. Available at: https://www.nice.org.uk/guidance/ta651/chapter/2-Information-about-naldemedine. [Accessed 21/12/20].

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